

(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME:

Spangler - Vaughn - L.

MAILING ADDRESS:

PO Box 368345

Bonita Springs 34136

Lee

CITY:

ZIP:

COUNTY:

NAME OF REPORTING PERSON'S AGENCY:

Bonita Springs Fire Control &amp; Rescue District

CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):

- ☒ LOCAL OFFICER    ☐ STATE OFFICER  
☐ SPECIFIED STATE EMPLOYEE

LIST OFFICE OR POSITION HELD: Chairman of General Employees Pension

## \*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2011 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS September 30, 2011. (Date must be prior to 12/31/11)

## MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

- ☐ COMPARATIVE (PERCENTAGE) THRESHOLDS    OR    ☒ DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
City of Oakland Park Pension	3650 N.E. 12 Ave Oakland Park Fl	Fire Department
Bonita Springs Fire Control & Rescue District Firefighters Pension	27701 Bonita Grande Drive	Fire Department
Bonita Springs Fire Control & Rescue District General Employees Pension	27701 Bonita Grande Drive	Fire Department

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by reporting person]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]  
(If you have nothing to report, you must write "none" or "n/a")

None

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.

OTHER FORMS you may need to file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]  
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
Bond	GMAC with Asset Advisors - Jupiter FI 2141 S. Alt. A1A
Certificate of Deposit	CCCU - PO Box 14548 Fort Lauderdale Florida 33302
CCCU Checking and Savings	PO Box 14548 Fort Lauderdale Florida 33302

**PART E — LIABILITIES** [Major debts]  
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
Bank of America (Home)	9020 Bonita Beach Road Bonita Springs, Florida 34135

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**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]  
(If you have nothing to report, you must write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	None		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
DO I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE:

DATE SIGNED:

## FILING INSTRUCTIONS:

### WHAT TO FILE:

After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

### WHEN TO FILE:

At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

### WHERE TO FILE:

**Local officers:** file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees:** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

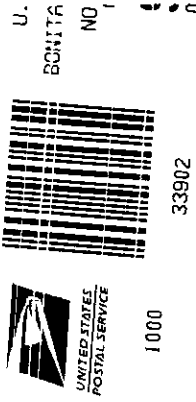
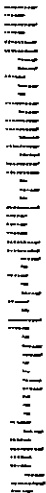
To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

### NOTE:

If you are leaving office or employment during the first half of 2011, you may not have filed Form 1 for 2010. In that case, this is not the last form you will file, even though the Form 1F covers the final portion of your term of office or employment. You will be required to file Form 1 for 2010 by July 1 of 2011.

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V. SPAN...  
P.O. Box  
Bonita Springs, FL 34136



SUPERVISOR OF ELECTIONS  
PO BOX 2545  
FT. MYERS, FL 33902